

L/3000090400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

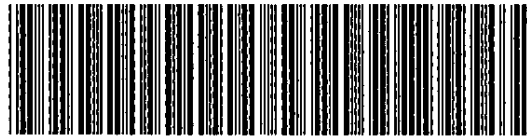
Special Instructions to Filing Officer:

JUN 24 2013

A. LUNT

W/3-23537

Office Use Only



700246530767

04/17/13--01038--011 \*\*160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 JUN 21 PM 12:00

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 22, 2013

NANCY LONGUEFOSSE / TUWANA DUMOND  
9880 SHERIDAN ST. APT 305  
PEMBROKE PINES, FL 33024

SUBJECT: CUSTOMERS FIRST INC. LLC  
Ref. Number: W13000023537

We have received your document for CUSTOMERS FIRST INC. LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INC." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 713A00009648

Agnes:

I've included the original rejection letter since I never received the second one. We spoke on the phone last week, so I did what you asked and just filled out a brand new application. Thanks!

Tuwana Dumond  
305-794-6146



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 31, 2013

NANCY LONGUEFOSSE / TUWANA DUMOND  
9880 SHERIDAN ST. APT 305  
PEMBROKE PINES, FL 33024

SUBJECT: CUSTOMERS FIRST INC. LLC  
Ref. Number: W13000023537

We have received your document for CUSTOMERS FIRST INC. LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 013A00013706

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Customers First LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy Longuefosse / Twana Dumond  
Name of Person

Customers First LLC  
Firm/Company

9880 Sheridan St Apt 305  
Address

Pembroke Pines / FL 33024  
City/State and Zip Code

CustomersFirstLLC@gmail.com  
E-mail address: (to be used for future annual report notification)

2013 JUN 21 PM 12:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

FILED

For further information concerning this matter, please call:

Twana Dumond at (305) 794-6146  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) (Already submitted)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Customers First LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

9880 Sheridan St  
APT 305  
Pembroke Pines, FL 33024

### Mailing Address:

9880 Sheridan St  
APT 305  
Pembroke Pines, FL 33024

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

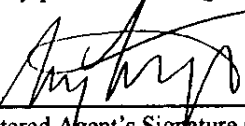
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

[Redacted] Nancy Longuefosse  
Name

9880 Sheridan St Apt 305  
Florida street address (P.O. Box **NOT** acceptable)  
Pembroke Pines FL 33024  
City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

X   
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2013 JUN 21 PM 12:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

MGRM

**Name and Address:**

Nancy Longuefosse  
9880 Sheridan St Apt 305  
Pembroke Pines, FL 33024

Tuwana Dumond  
9880 Sheridan St Apt 305  
Pembroke Pines, FL 33024

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

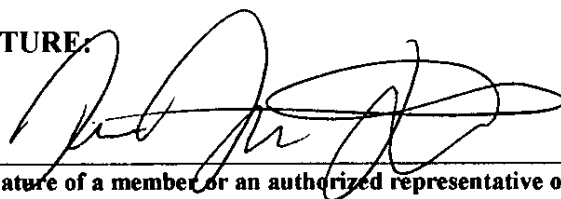
2013 JUN 21 PM 12:00  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

FILED

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**  
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**REQUIRED SIGNATURE.**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Tuwana Dumond

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**